

**NEBRASKA DEPARTMENT OF JUSTICE OFFICE OF THE ATTORNEY GENERAL
CONSTITUENT COMPLAINT FORM**

Please Print or Type.

Complaint Reported By

Date Mailed: _____

Name: _____
Last First M

Date of Birth: ____/____/____

Address: _____

Hours Available: _____

City: _____ State: _____ ZIP: _____ County: _____

If At Work, When: _____

Place of Employment: _____

Phone (best available): _____

Address: _____

E-mail: _____

City: _____ State: _____ ZIP: _____ County: _____

Complaint Reported Against

Name: _____
Last First M

Place of Employment: _____

Address: _____
(If Known)

Position: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

ZIP: _____ County: _____

County: _____ ZIP: _____

Witnesses

Name: _____
Last First M

Name: _____
Last First M

Address: _____
(If Known)

Address: _____
(If Known)

City: _____ State: _____

City: _____ State: _____

County: _____ Phone: Hm: _____
Wk: _____

County: _____ Phone: Hm: _____
Wk: _____

Name: _____
Last First M

Name: _____
Last First M

Address: _____
(If Known)

Address: _____
(If Known)

City: _____ State: _____

City: _____ State: _____

County: _____ Phone: Hm: _____
Wk: _____

County: _____ Phone: Hm: _____
Wk: _____

Have you filed reports with any other agency regarding
this matter? IF YES: _____

Agency/Date(s)

Has any action been taken against you regarding this matter,

Please circle: **Arrest** **Conviction** **Citation**

Has any action been taken against the subject in this matter,

Please circle: **Arrest** **Conviction** **Citation**

Describe the facts which have led to the filing of this complain and include, if possible, exact dates and locations of pertinent events. Please attempt to put in chronological order. This complaint will be photocopied. PLEASE PRINT or TYPE ALL INFORMATION. Use additional paper if needed.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The information given above is true to the best of my knowledge and belief. I authorize the Nebraska Attorney General's Office, or its designate to use this information given, in any manner which is determined necessary.

Signature

Date _____

Return Completed Form to:
Nebraska Attorney General
2115 State Capitol
Lincoln, Nebraska 68509-8920
ATTN: Jen Brehm, Director of Constituent Services
Fax: (402) 471-3297